

#2713

You may receive multiple mailings containing Ballots. You should vote each Ballot that you receive for all of the claims that you hold.

Item 1. Vote On Plan. (Please check one.) The undersigned, the holder of a Class C General Unsecured Claim against the Debtors in the unpaid amount of \$112,000.79.

☐ ACCEPTS (votes FOR) the Plan.

☒ REJECTS (votes AGAINST) the Plan.

Item 2. Certification. By signing this Ballot, the undersigned hereby certifies that: (a) on November 26, 2007 it was the holder of a Class C General Unsecured Claim to which this Ballot pertains (or an authorized signatory therefor), (b) it has full power and authority to vote to accept or reject the Plan, (c) it has received a copy of the Disclosure Statement (including the appendices and exhibits thereto), (d) it understands that the solicitation of votes for the Plan is subject to all the terms and conditions set forth in the Disclosure Statement, and (e) either (i) it has not submitted any other Ballots for Class C General Unsecured Claims or (ii) it has provided the information specified in the following table for all other Class C General Unsecured Claims for which it has submitted additional Ballots (please use additional sheets of paper if necessary):

**Complete This Table Only If You Have Voted Class C General
Unsecured Claim Ballots Other Than This Ballot**

Name Of Holder	Account Number (If Applicable)	Amount Of Claim
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

Name Of Voter: Liquidity Solutions Inc

(Print Or Type)

Social Security Or Federal Tax I.D. No.: 22-3555359

(Optional)

Signature: _____

Name Of Signatory: JEFFREY L. CARESS

(If Other Than Voter)

Title: AUTHORIZED SIGNATORY

Address: Dbu Revenue Management
One University Plaza Ste 312
Hackensack, NJ 07601

Date Signed: 12/31/07

If your address or contact information has changed, please note the new information here:

RECEIVED

JAN 11 2008

KURTZMAN CARSON

CLASS C GENERAL UNSECURED CLAIMS

1C - Delphi-DAS Debtors

2

01-11-08A11:22 RCVD



0544640071208154632004772

#2480

You may receive multiple mailings containing Ballots. You should vote each Ballot that you receive for all of the claims that you hold.

Item 1. Vote On Plan. (Please check one.) The undersigned, the holder of a Class C General Unsecured Claim against the Debtors in the unpaid amount of \$ 122,478.94

☐ ACCEPTS (votes FOR) the Plan.

☒ REJECTS (votes AGAINST) the Plan.

Item 2. Certification. By signing this Ballot, the undersigned hereby certifies that: (a) on November 26, 2007 it was the holder of a Class C General Unsecured Claim to which this Ballot pertains (or an authorized signatory therefor), (b) it has full power and authority to vote to accept or reject the Plan, (c) it has received a copy of the Disclosure Statement (including the appendices and exhibits thereto), (d) it understands that the solicitation of votes for the Plan is subject to all the terms and conditions set forth in the Disclosure Statement, and (e) either (i) it has not submitted any other Ballots for Class C General Unsecured Claims or (ii) it has provided the information specified in the following table for all other Class C General Unsecured Claims for which it has submitted additional Ballots (please use additional sheets of paper if necessary):

**Complete This Table Only If You Have Voted Class C General
Unsecured Claim Ballots Other Than This Ballot**

Name Of Holder	Account Number (If Applicable)	Amount Of Claim
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

Name Of Voter: Capital Markets

(Print Or Type)

Social Security Or Federal Tax I.D. No. _____

(Optional)

Signature: _____

Name Of Signatory: _____

(If Other Than Voter)

Title: _____

Address: Capital Markets

One University Plz Ste 312
Hackensack, NJ 07601

Date Signed: _____

12/31/07

If your address or contact information has changed, please note the new information here:

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JAN 11 2008

KURTZMAN CARSON

CLASS C GENERAL UNSECURED CLAIMS

1C - Delphi-DAS Debtors

2

01-11-08A11:25 RCVD



0544640071208154441001515

#2484

You may receive multiple mailings containing Ballots. You should vote each Ballot that you receive for all of the claims that you hold.

Item 1. Vote On Plan. (Please check one.) The undersigned, the holder of a Class C General Unsecured Claim against the Debtors in the unpaid amount of \$280,472.86

☐ ACCEPTS (votes FOR) the Plan.

☒ REJECTS (votes AGAINST) the Plan.

Item 2. Certification. By signing this Ballot, the undersigned hereby certifies that: (a) on November 26, 2007 it was the holder of a Class C General Unsecured Claim to which this Ballot pertains (or an authorized signatory therefor), (b) it has full power and authority to vote to accept or reject the Plan, (c) it has received a copy of the Disclosure Statement (including the appendices and exhibits thereto), (d) it understands that the solicitation of votes for the Plan is subject to all the terms and conditions set forth in the Disclosure Statement, and (e) either (i) it has not submitted any other Ballots for Class C General Unsecured Claims or (ii) it has provided the information specified in the following table for all other Class C General Unsecured Claims for which it has submitted additional Ballots (please use additional sheets of paper if necessary):

**Complete This Table Only If You Have Voted Class C General
Unsecured Claim Ballots Other Than This Ballot**

Name Of Holder	Account Number (If Applicable)	Amount Of Claim
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

Name Of Voter: Capital Markets

(Print Or Type)

Social Security Or Federal Tax I.D. No.: _____

(Optional)

Signature: _____

Name Of Signatory: JEFFREY L. CARESS

(If Other Than Voter)

Title: AUTHORIZED SIGNATORY

Address: Capital Markets

One University Plz Ste 312
Hackensack, NJ 07601

Date Signed: 12/31/07

If your address or contact information has changed, please note the new information here:

RECEIVED

JAN 11 2008

KURTZMAN CARSON

CLASS C GENERAL UNSECURED CLAIMS

1C - Delphi-DAS Debtors

01-11-08A11:25 RCVD

2



0544640071208154441001514

#2378

You may receive multiple mailings containing Ballots. You should vote each Ballot that you receive for all of the claims that you hold.

Item 1. Vote On Plan. (Please check one.) The undersigned, the holder of a Class C General Unsecured Claim against the Debtors in the unpaid amount of \$95,976.84

☐ ACCEPTS (votes FOR) the Plan.

☒ REJECTS (votes AGAINST) the Plan.

Item 2. Certification. By signing this Ballot, the undersigned hereby certifies that: (a) on November 26, 2007 it was the holder of a Class C General Unsecured Claim to which this Ballot pertains (or an authorized signatory therefor), (b) it has full power and authority to vote to accept or reject the Plan, (c) it has received a copy of the Disclosure Statement (including the appendices and exhibits thereto), (d) it understands that the solicitation of votes for the Plan is subject to all the terms and conditions set forth in the Disclosure Statement, and (e) either (i) it has not submitted any other Ballots for Class C General Unsecured Claims or (ii) it has provided the information specified in the following table for all other Class C General Unsecured Claims for which it has submitted additional Ballots (please use additional sheets of paper if necessary):

**Complete This Table Only If You Have Voted Class C General
Unsecured Claim Ballots Other Than This Ballot**

Name Of Holder	Account Number (If Applicable)	Amount Of Claim
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

Liquidity Solutions Inc dba Revenue Management as assignee of
Name Of Voter: Applied Handling Inc

(Print Or Type)

Social Security Or Federal Tax I.D. No.: 22-3555359
(Optional)

Signature: _____

Name Of Signatory: JEFFREY L. CARESS
(If Other Than Voter)

Title: AUTHORIZED SIGNATORY

Address: Jeffrey L. Carress
One University Plz Ste 312
Hackensack, NJ 07601

Date Signed: 12/31/07

If your address or contact information has changed, please note the new information here:

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JAN 11 2008

KURTZMAN CARSON

CLASS C GENERAL UNSECURED CLAIMS

IC - Delphi-DAS Debtors

01-11-08A11:57 RCVD

2



0544640071208154636004858

#2305

You may receive multiple mailings containing Ballots. You should vote each Ballot that you receive for all of the claims that you hold.

Item 1. Vote On Plan. (Please check one.) The undersigned, the holder of a Class C General Unsecured Claim against the Debtors in the unpaid amount of \$22,104.75

☐ ACCEPTS (votes FOR) the Plan.

☒ REJECTS (votes AGAINST) the Plan.

Item 2. Certification. By signing this Ballot, the undersigned hereby certifies that: (a) on November 26, 2007 it was the holder of a Class C General Unsecured Claim to which this Ballot pertains (or an authorized signatory therefor), (b) it has full power and authority to vote to accept or reject the Plan, (c) it has received a copy of the Disclosure Statement (including the appendices and exhibits thereto), (d) it understands that the solicitation of votes for the Plan is subject to all the terms and conditions set forth in the Disclosure Statement, and (e) either (i) it has not submitted any other Ballots for Class C General Unsecured Claims or (ii) it has provided the information specified in the following table for all other Class C General Unsecured Claims for which it has submitted additional Ballots (please use additional sheets of paper if necessary):

**Complete This Table Only If You Have Voted Class C General
Unsecured Claim Ballots Other Than This Ballot**

Name Of Holder	Account Number (If Applicable)	Amount Of Claim
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

Liquidity Solutions Inc dba Revenue Management as assignee of
Name Of Voter: Applied Handling Inc

(Print Or Type)

Social Security Or Federal Tax I.D. No.: 22-3555359

(Optional)

Signature: _____

Name Of Signatory: JEFFREY L. CARESS

(If Other Than Voter)

Title: AUTHORIZED SIGNATORY

Address: Jeffrey L Caress
One University Plz Ste 312
Hackensack, NJ 07601

Date Signed: 12/31/07

If your address or contact information has changed, please note the new information here:

RECEIVED

JAN 11 2008

KURTZMAN CARSON

CLASS C GENERAL UNSECURED CLAIMS

1C - Delphi-DAS Debtors

2

01-11-08P03:48 RCVD



0544640071208154636004857

You may receive multiple mailings containing Ballots. You should vote each Ballot that you receive for all of the claims that you hold.

Item 1. Vote On Plan. (Please check one.) The undersigned, the holder of a Class C General Unsecured Claim against the Debtors in the unpaid amount of \$233,750.00

☐ ACCEPTS (votes FOR) the Plan.

☒ REJECTS (votes AGAINST) the Plan.

Item 2. Certification. By signing this Ballot, the undersigned hereby certifies that: (a) on November 26, 2007 it was the holder of a Class C General Unsecured Claim to which this Ballot pertains (or an authorized signatory therefor), (b) it has full power and authority to vote to accept or reject the Plan, (c) it has received a copy of the Disclosure Statement (including the appendices and exhibits thereto), (d) it understands that the solicitation of votes for the Plan is subject to all the terms and conditions set forth in the Disclosure Statement, and (e) either (i) it has not submitted any other Ballots for Class C General Unsecured Claims or (ii) it has provided the information specified in the following table for all other Class C General Unsecured Claims for which it has submitted additional Ballots (please use additional sheets of paper if necessary):

Complete This Table Only If You Have Voted Class C General Unsecured Claim Ballots Other Than This Ballot

Name Of Holder	Account Number (If Applicable)	Amount Of Claim
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

Liquidity Solutions Inc dba Revenue Management as assignee of
Name Of Voter: Bardons & Oliver Inc

(Print Or Type)

Social Security Or Federal Tax I.D. No.: 22-3555359

(Optional)

Signature: _____

Name Of Signatory: JEFFREY L. CARESS

(If Other Than Voter)

Title: AUTHORIZED SIGNATORY

Address: Jeffrey L Caress
One University Plaza Ste 312
Hackensack, NJ 07601

Date Signed: 12/31/07

If your address or contact information has changed, please note the new information here:

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JAN 11 2008

CLASS C GENERAL UNSECURED CLAIMS

1C - Delphi-DAS Debtors

KURTZMAN CARSON 2

01-11-08A11:25 RCVD



0544640071208154636004862

#2277

You may receive multiple mailings containing Ballots. You should vote each Ballot that you receive for all of the claims that you hold.

Item 1. Vote On Plan. (Please check one.) The undersigned, the holder of a Class C General Unsecured Claim against the Debtors in the unpaid amount of \$71,947.33,

☐ ACCEPTS (votes FOR) the Plan.

☒ REJECTS (votes AGAINST) the Plan.

Item 2. Certification. By signing this Ballot, the undersigned hereby certifies that: (a) on November 26, 2007 it was the holder of a Class C General Unsecured Claim to which this Ballot pertains (or an authorized signatory therefor), (b) it has full power and authority to vote to accept or reject the Plan, (c) it has received a copy of the Disclosure Statement (including the appendices and exhibits thereto), (d) it understands that the solicitation of votes for the Plan is subject to all the terms and conditions set forth in the Disclosure Statement, and (e) either (i) it has not submitted any other Ballots for Class C General Unsecured Claims or (ii) it has provided the information specified in the following table for all other Class C General Unsecured Claims for which it has submitted additional Ballots (please use additional sheets of paper if necessary):

**Complete This Table Only If You Have Voted Class C General
Unsecured Claim Ballots Other Than This Ballot**

Name Of Holder	Account Number (If Applicable)	Amount Of Claim
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

Name Of Voter: Liquidity Solutions Inc dba Capital Markets as assignee of Warren
(Print Or Type) City of Utile Snows OH

Social Security Or Federal Tax I.D. No.: 22-3555359
(Optional)

Signature: _____

Name Of Signatory: James Yenser
(If Other Than Voter)

Title: Authorized Signatory

Address: Liquidity Solutions Inc dba Revenue Management
One University Plz Ste 312
Hackensack, NJ 07601

Date Signed: 12/31/07

If your address or contact information has changed, please note the new information here:

RECEIVED

JAN 11 2008

KURTZMAN CARSON

CLASS C GENERAL UNSECURED CLAIMS

1C - Delphi-DAS Debtors

2

01-11-08P03:49 RCVD



0544640071208154636004855

#2477

You may receive multiple mailings containing Ballots. You should vote each Ballot that you receive for all of the claims that you hold.

Item 1. Vote On Plan. (Please check one.) The undersigned, the holder of a Class C General Unsecured Claim against the Debtors in the unpaid amount of \$265,694.00

☐ ACCEPTS (votes FOR) the Plan.

☒ REJECTS (votes AGAINST) the Plan.

Item 2. Certification. By signing this Ballot, the undersigned hereby certifies that: (a) on November 26, 2007 it was the holder of a Class C General Unsecured Claim to which this Ballot pertains (or an authorized signatory therefor), (b) it has full power and authority to vote to accept or reject the Plan, (c) it has received a copy of the Disclosure Statement (including the appendices and exhibits thereto), (d) it understands that the solicitation of votes for the Plan is subject to all the terms and conditions set forth in the Disclosure Statement, and (e) either (i) it has not submitted any other Ballots for Class C General Unsecured Claims or (ii) it has provided the information specified in the following table for all other Class C General Unsecured Claims for which it has submitted additional Ballots (please use additional sheets of paper if necessary):

**Complete This Table Only If You Have Voted Class C General
Unsecured Claim Ballots Other Than This Ballot**

Name Of Holder	Account Number (If Applicable)	Amount Of Claim
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

Name Of Voter: Liquidity Solutions Inc

(Print Or Type)

Social Security Or Federal Tax I.D. No.: 22-3555359

(Optional)

Signature: _____

Name Of Signatory: JEFFREY L. CARSON

(If Other Than Voter)

Title: AUTHORIZED SIGNATORY

Address: Dba Revenue Management
One University Plaza Ste 312
Hackensack, NJ 07601

Date Signed: 12/31/07

If your address or contact information has changed, please note the new information here:

RECEIVED

JAN 11 2008

KURTZMAN CARSON

2

CLASS C GENERAL UNSECURED CLAIMS

1C - Delphi-DAS Debtors

01-11-08A11:25 RCVD



0544482071208154628004685

#2714

You may receive multiple mailings containing Ballots. You should vote each Ballot that you receive for all of the claims that you hold.

Item 1. Vote On Plan. (Please check one.) The undersigned, the holder of a Class C General Unsecured Claim against the Debtors in the unpaid amount of \$60,577.03 _____

☐ ACCEPTS (votes FOR) the Plan.

☒ REJECTS (votes AGAINST) the Plan.

Item 2. Certification. By signing this Ballot, the undersigned hereby certifies that: (a) on November 26, 2007 it was the holder of a Class C General Unsecured Claim to which this Ballot pertains (or an authorized signatory therefor), (b) it has full power and authority to vote to accept or reject the Plan, (c) it has received a copy of the Disclosure Statement (including the appendices and exhibits thereto), (d) it understands that the solicitation of votes for the Plan is subject to all the terms and conditions set forth in the Disclosure Statement, and (e) either (i) it has not submitted any other Ballots for Class C General Unsecured Claims or (ii) it has provided the information specified in the following table for all other Class C General Unsecured Claims for which it has submitted additional Ballots (please use additional sheets of paper if necessary):

**Complete This Table Only If You Have Voted Class C General
Unsecured Claim Ballots Other Than This Ballot**

Name Of Holder	Account Number (If Applicable)	Amount Of Claim
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

Name Of Voter: Liquidity Solutions Inc

(Print Or Type)

Social Security Or Federal Tax I.D. No.: 22-3555359

(Optional)

Signature: _____

Name Of Signatory: JEFFREY L. CARESS

(If Other Than Voter)

Title: AUTHORIZED SIGNATORY

Address: Dba Capital Markets
One University Plz Ste 312
Hackensack, NJ 07601

Date Signed: 12/31/07

If your address or contact information has changed, please note the new information here:

RECEIVED

JAN 11 2008

KURTZMAN CARSON

CLASS C GENERAL UNSECURED CLAIMS

10C - Delphi Medical Systems Colorado Corporation

2

01-11-08A11:22 RCVD



0544507071208161102000290

#2431

You may receive multiple mailings containing Ballots. You should vote each Ballot that you receive for all of the claims that you hold.

Item 1. Vote On Plan. (Please check one.) The undersigned, the holder of a Class C General Unsecured Claim against the Debtors in the unpaid amount of \$72,786.00

☐ ACCEPTS (votes FOR) the Plan.

☒ REJECTS (votes AGAINST) the Plan.

Item 2. Certification. By signing this Ballot, the undersigned hereby certifies that: (a) on November 26, 2007 it was the holder of a Class C General Unsecured Claim to which this Ballot pertains (or an authorized signatory therefor), (b) it has full power and authority to vote to accept or reject the Plan, (c) it has received a copy of the Disclosure Statement (including the appendices and exhibits thereto), (d) it understands that the solicitation of votes for the Plan is subject to all the terms and conditions set forth in the Disclosure Statement, and (e) either (i) it has not submitted any other Ballots for Class C General Unsecured Claims or (ii) it has provided the information specified in the following table for all other Class C General Unsecured Claims for which it has submitted additional Ballots (please use additional sheets of paper if necessary):

**Complete This Table Only If You Have Voted Class C General
Unsecured Claim Ballots Other Than This Ballot**

Name Of Holder	Account Number (If Applicable)	Amount Of Claim
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

Name Of Voter: Liquidity Solutions Inc AS ASSIGNEE OF WEST VIRGINIA
(Print Or Type) POLYMER CORPORATION

Social Security Or Federal Tax I.D. No.: 22-3555359
(Optional)

Signature: _____

Name Of Signatory: JEFFREY L. CARESS
(If Other Than Voter)

Title: AUTHORIZED SIGNATORY

Address: DBA Revenue Management
One University Plaza Ste 312
Hackensack, NJ 07601

Date Signed: 12/31/07

If your address or contact information has changed, please note the new information here:

RECEIVED

JAN 11 2008

KURTZMAN CARSON

CLASS C GENERAL UNSECURED CLAIMS

1C - Delphi-DAS Debtors

2

01-11-08A11:26 RCVD



0544640071208154633004808

#2712

You may receive multiple mailings containing Ballots. You should vote each Ballot that you receive for all of the claims that you hold.

Item 1. Vote On Plan. (Please check one.) The undersigned, the holder of a Class C General Unsecured Claim against the Debtors in the unpaid amount of \$ 180,407.58

☐ ACCEPTS (votes FOR) the Plan.

☒ REJECTS (votes AGAINST) the Plan.

Item 2. Certification. By signing this Ballot, the undersigned hereby certifies that: (a) on November 26, 2007 it was the holder of a Class C General Unsecured Claim to which this Ballot pertains (or an authorized signatory therefor), (b) it has full power and authority to vote to accept or reject the Plan, (c) it has received a copy of the Disclosure Statement (including the appendices and exhibits thereto), (d) it understands that the solicitation of votes for the Plan is subject to all the terms and conditions set forth in the Disclosure Statement, and (e) either (i) it has not submitted any other Ballots for Class C General Unsecured Claims or (ii) it has provided the information specified in the following table for all other Class C General Unsecured Claims for which it has submitted additional Ballots (please use additional sheets of paper if necessary):

Complete This Table Only If You Have Voted Class C General Unsecured Claim Ballots Other Than This Ballot

Name Of Holder	Account Number (If Applicable)	Amount Of Claim
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

Name Of Voter: Liquidity Solutions Inc

(Print Or Type)

Social Security Or Federal Tax I.D. No.: 22-3555359

(Optional)

Signature: _____

Name Of Signatory: JEFFREY L. CARESS

(If Other Than Voter)

Title: AUTHORIZED SIGNATORY

Address: Dba Revenue Management
One University Plaza Ste 312
Hackensack, NJ 07601

Date Signed: 12/31/07

If your address or contact information has changed, please note the new information here:

RECEIVED

JAN 11 2008

KURTZMAN CARSON

CLASS C GENERAL UNSECURED CLAIMS

IC - Delphi-DAS Debtors

2

01-11-08A11:22 RCVD



0544640071208154632004785

#2311

You may receive multiple mailings containing Ballots. You should vote each Ballot that you receive for all of the claims that you hold.

Item 1. Vote On Plan. (Please check one.) The undersigned, the holder of a Class C General Unsecured Claim against the Debtors in the unpaid amount of \$63,696.63

☐ ACCEPTS (votes FOR) the Plan.

☒ REJECTS (votes AGAINST) the Plan.

Item 2. Certification. By signing this Ballot, the undersigned hereby certifies that: (a) on November 26, 2007 it was the holder of a Class C General Unsecured Claim to which this Ballot pertains (or an authorized signatory therefor), (b) it has full power and authority to vote to accept or reject the Plan, (c) it has received a copy of the Disclosure Statement (including the appendices and exhibits thereto), (d) it understands that the solicitation of votes for the Plan is subject to all the terms and conditions set forth in the Disclosure Statement, and (e) either (i) it has not submitted any other Ballots for Class C General Unsecured Claims or (ii) it has provided the information specified in the following table for all other Class C General Unsecured Claims for which it has submitted additional Ballots (please use additional sheets of paper if necessary):

**Complete This Table Only If You Have Voted Class C General
Unsecured Claim Ballots Other Than This Ballot**

Name Of Holder	Account Number (If Applicable)	Amount Of Claim
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

Liquidity Solutions Inc dba Revenue Management as assignee of
Name Of Voter: Applied Handling Inc
(Print Or Type)

Social Security Or Federal Tax I.D. No.: 22-3555359
(Optional)

Signature: _____

Name Of Signatory: JEFFREY L. CARESS
(If Other Than Voter)

Title: AUTHORIZES SIGNATORY

Address: Jeffrey L. Carress
One University Plz Ste 312
Hackensack, NJ 07601

Date Signed: 12/31/07

If your address or contact information has changed, please note the new information here:

RECEIVED

JAN 11 2008

KURTZMAN CARSON

CLASS C GENERAL UNSECURED CLAIMS

1C - Delphi-DAS Debtors

2

01-11-08P03:48 RCVD



0544640071208154636004859

#2291

You may receive multiple mailings containing Ballots. You should vote each Ballot that you receive for all of the claims that you hold.

Item 1. Vote On Plan. (Please check one.) The undersigned, the holder of a Class C General Unsecured Claim against the Debtors in the unpaid amount of \$969,141.63

☐ ACCEPTS (votes FOR) the Plan.

☒ REJECTS (votes AGAINST) the Plan.

Item 2. Certification. By signing this Ballot, the undersigned hereby certifies that: (a) on November 26, 2007 it was the holder of a Class C General Unsecured Claim to which this Ballot pertains (or an authorized signatory therefor), (b) it has full power and authority to vote to accept or reject the Plan, (c) it has received a copy of the Disclosure Statement (including the appendices and exhibits thereto), (d) it understands that the solicitation of votes for the Plan is subject to all the terms and conditions set forth in the Disclosure Statement, and (e) either (i) it has not submitted any other Ballots for Class C General Unsecured Claims or (ii) it has provided the information specified in the following table for all other Class C General Unsecured Claims for which it has submitted additional Ballots (please use additional sheets of paper if necessary):

Complete This Table Only If You Have Voted Class C General Unsecured Claim Ballots Other Than This Ballot

Name Of Holder	Account Number (If Applicable)	Amount Of Claim
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

Name Of Voter: Liquidity Solutions Inc AS ASSIGNEE OF AMERICA ONLINE INC.
(Print Or Type)

Social Security Or Federal Tax I.D. No.: 22-3555359
(Optional)

Signature: _____

Name Of Signatory: JEFFREY L. CARESS
(If Other Than Voter)

Title: AUTHORIZED SIGNATORY

Address: as Agent for SPCP Group LLC
One University Plz Ste 312
Hackensack, NJ 07601

Date Signed: 12/31/07

If your address or contact information has changed, please note the new information here:

RECEIVED

JAN 11 2008

KURTZMAN CARSON

CLASS C GENERAL UNSECURED CLAIMS

IC - Delphi-DAS Debtors

2

01-11-08P03:49 RCVD



0544640071208154628004691

#2457

You may receive multiple mailings containing Ballots. You should vote each Ballot that you receive for all of the claims that you hold.

Item 1. Vote On Plan. (Please check one.) The undersigned, the holder of a Class C General Unsecured Claim against the Debtors in the unpaid amount of \$ 152,461.57

☐ ACCEPTS (votes FOR) the Plan.

☒ REJECTS (votes AGAINST) the Plan.

Item 2. Certification. By signing this Ballot, the undersigned hereby certifies that: (a) on November 26, 2007 it was the holder of a Class C General Unsecured Claim to which this Ballot pertains (or an authorized signatory therefor), (b) it has full power and authority to vote to accept or reject the Plan, (c) it has received a copy of the Disclosure Statement (including the appendices and exhibits thereto), (d) it understands that the solicitation of votes for the Plan is subject to all the terms and conditions set forth in the Disclosure Statement, and (e) either (i) it has not submitted any other Ballots for Class C General Unsecured Claims or (ii) it has provided the information specified in the following table for all other Class C General Unsecured Claims for which it has submitted additional Ballots (please use additional sheets of paper if necessary):

**Complete This Table Only If You Have Voted Class C General
Unsecured Claim Ballots Other Than This Ballot**

Name Of Holder	Account Number (If Applicable)	Amount Of Claim
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

Name Of Voter: Liquidity Solutions Inc

(Print Or Type)

Social Security Or Federal Tax I.D. No.: 22-3555359

(Optional)

Signature: _____

Name Of Signatory: JEFFREY L. CARESS

(If Other Than Voter)

Title: AUTHORIZED SIGNATORY

Address: Dba Revenue Management
One University Plaza Ste 312
Hackensack, NJ 07601

Date Signed: 12/31/07

If your address or contact information has changed, please note the new information here:

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JAN 11 2008

CLASS C GENERAL UNSECURED CLAIMS

IC - Delphi-DAS Debtors

KURTZMAN CARSON

2

01-11-03P03:19 RCVD



0544640071208154630004746

#2260

You may receive multiple mailings containing Ballots. You should vote each Ballot that you receive for all of the claims that you hold.

Item 1. Vote On Plan. (Please check one.) The undersigned, the holder of a Class C General Unsecured Claim against the Debtors in the unpaid amount of \$594,923.93

☐ ACCEPTS (votes FOR) the Plan.

☒ REJECTS (votes AGAINST) the Plan.

Item 2. Certification. By signing this Ballot, the undersigned hereby certifies that: (a) on November 26, 2007 it was the holder of a Class C General Unsecured Claim to which this Ballot pertains (or an authorized signatory therefor), (b) it has full power and authority to vote to accept or reject the Plan, (c) it has received a copy of the Disclosure Statement (including the appendices and exhibits thereto), (d) it understands that the solicitation of votes for the Plan is subject to all the terms and conditions set forth in the Disclosure Statement, and (e) either (i) it has not submitted any other Ballots for Class C General Unsecured Claims or (ii) it has provided the information specified in the following table for all other Class C General Unsecured Claims for which it has submitted additional Ballots (please use additional sheets of paper if necessary):

**Complete This Table Only If You Have Voted Class C General
Unsecured Claim Ballots Other Than This Ballot**

Name Of Holder	Account Number (If Applicable)	Amount Of Claim
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

Name Of Voter: Liquidity Solutions Inc

(Print Or Type)

Social Security Or Federal Tax I.D. No.: 22-3555359

(Optional)

Signature: _____

Name Of Signatory: JEFFREY L. CARESS

(If Other Than Voter)

Title: AUTHORIZED SIGNATORY

Address: Dbc Revenue Management
One University Plaza Ste 312
Hackensack, NJ 07601

Date Signed: 12/31/07

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JAN 11 2008

KURTZMAN CARSON

CLASS C GENERAL UNSECURED CLAIMS

1C - Delphi-DAS Debtors

01-11-08P03:46 RCVD

2



0544640071208154632004777

#2427

You may receive multiple mailings containing Ballots. You should vote each Ballot that you receive for all of the claims that you hold.

Item 1. Vote On Plan. (Please check one.) The undersigned, the holder of a Class C General Unsecured Claim against the Debtors in the unpaid amount of \$68,480.00

☐ ACCEPTS (votes FOR) the Plan.

☒ REJECTS (votes AGAINST) the Plan.

Item 2. Certification. By signing this Ballot, the undersigned hereby certifies that: (a) on November 26, 2007 it was the holder of a Class C General Unsecured Claim to which this Ballot pertains (or an authorized signatory therefor), (b) it has full power and authority to vote to accept or reject the Plan, (c) it has received a copy of the Disclosure Statement (including the appendices and exhibits thereto), (d) it understands that the solicitation of votes for the Plan is subject to all the terms and conditions set forth in the Disclosure Statement, and (e) either (i) it has not submitted any other Ballots for Class C General Unsecured Claims or (ii) it has provided the information specified in the following table for all other Class C General Unsecured Claims for which it has submitted additional Ballots (please use additional sheets of paper if necessary):

**Complete This Table Only If You Have Voted Class C General
Unsecured Claim Ballots Other Than This Ballot**

Name Of Holder	Account Number (If Applicable)	Amount Of Claim
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

Name Of Voter: Liquidity Solutions Inc

(Print Or Type)

Social Security Or Federal Tax I.D. No.: 22-3555359

(Optional)

Signature: _____

Name Of Signatory: JEFFREY L. CARESS

(If Other Than Voter)

Title: AUTHORIZED SIGNATORY

Address: DbA Revenue Management
One University Plaza Ste 312
Hackensack, NJ 07601

Date Signed: 12/31/07

If your address or contact information has changed, please note the new information here:

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JAN 11 2008

KURTZMAN CARSON

CLASS C GENERAL UNSECURED CLAIMS

10C - Delphi Medical Systems Colorado Corporation

2

01-11-08A11:26 RCVD



0544507071208161102000291

#2423

You may receive multiple mailings containing Ballots. You should vote each Ballot that you receive for all of the claims that you hold.

Item 1. Vote On Plan. (Please check one.) The undersigned, the holder of a Class C General Unsecured Claim against the Debtors in the unpaid amount of \$ 101,752.01

☐ ACCEPTS (votes FOR) the Plan.

☒ REJECTS (votes AGAINST) the Plan.

Item 2. Certification. By signing this Ballot, the undersigned hereby certifies that: (a) on November 26, 2007 it was the holder of a Class C General Unsecured Claim to which this Ballot pertains (or an authorized signatory therefor), (b) it has full power and authority to vote to accept or reject the Plan, (c) it has received a copy of the Disclosure Statement (including the appendices and exhibits thereto), (d) it understands that the solicitation of votes for the Plan is subject to all the terms and conditions set forth in the Disclosure Statement, and (e) either (i) it has not submitted any other Ballots for Class C General Unsecured Claims or (ii) it has provided the information specified in the following table for all other Class C General Unsecured Claims for which it has submitted additional Ballots (please use additional sheets of paper if necessary):

**Complete This Table Only If You Have Voted Class C General
Unsecured Claim Ballots Other Than This Ballot**

Name Of Holder	Account Number (If Applicable)	Amount Of Claim
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

Name Of Voter: Liquidity Solutions Inc

(Print Or Type)

Social Security Or Federal Tax I.D. No: 22-3555359

(Optional)

Signature: _____

Name Of Signatory: JEFFREY L. CARESS

(If Other Than Voter)

Title: AUTHORIZED SIGNATORY

Address: Dba Revenue Management
One University Plaza Ste 312
Hackensack, NJ 07601

Date Signed: 12/31/07

If your address or contact information has changed, please note the new information here:

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JAN 11 2008

KURTZMAN CARSON

2

CLASS C GENERAL UNSECURED CLAIMS

IC - Delphi-DAS Debtors

01-11-08A11:25 RCVD



0544640071208154632004771

#3591

You may receive multiple mailings containing Ballots. You should vote each Ballot that you receive for all of the claims that you hold.

Item 1. Vote On Plan. (Please check one.) The undersigned, the holder of a Class C General Unsecured Claim against the Debtors in the unpaid amount of \$668,185.49

☐ ACCEPTS (votes FOR) the Plan.

☒ REJECTS (votes AGAINST) the Plan.

Item 2. Certification. By signing this Ballot, the undersigned hereby certifies that: (a) on November 26, 2007 it was the holder of a Class C General Unsecured Claim to which this Ballot pertains (or an authorized signatory therefor), (b) it has full power and authority to vote to accept or reject the Plan, (c) it has received a copy of the Disclosure Statement (including the appendices and exhibits thereto), (d) it understands that the solicitation of votes for the Plan is subject to all the terms and conditions set forth in the Disclosure Statement, and (e) either (i) it has not submitted any other Ballots for Class C General Unsecured Claims or (ii) it has provided the information specified in the following table for all other Class C General Unsecured Claims for which it has submitted additional Ballots (please use additional sheets of paper if necessary):

**Complete This Table Only If You Have Voted Class C General
Unsecured Claim Ballots Other Than This Ballot**

Name Of Holder	Account Number (If Applicable)	Amount Of Claim
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

Name Of Voter: McCann Erickson USA Inc

(Print Or Type)

Social Security Or Federal Tax I.D. No.: 26-001173

(Optional)

Signature: [Signature]

Name Of Signatory: _____

Richard Petrilli

Authorized Signatory

Title: _____

Address: Attn CFO
360 W Maple Rd
Birmingham, MI 48009

Date Signed: 1/10/08

If your address or contact information has changed, please note the new information here:

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JAN 11 2008

KURTZMAN CARSON

CLASS C GENERAL UNSECURED CLAIMS

IC - Delphi-DAS Debtors

01-11-08A11:51 RCVD

2



0544640071208154702005389

#3506

You may receive multiple mailings containing Ballots. You should vote each Ballot that you receive for all of the claims that you hold.

Item 1. Vote On Plan. (Please check one.) The undersigned, the holder of a Class C General Unsecured Claim against the Debtors in the unpaid amount of \$30,102.47

☐ ACCEPTS (votes FOR) the Plan.



REJECTS (votes AGAINST) the Plan.

Item 2. Certification. By signing this Ballot, the undersigned hereby certifies that: (a) on November 26, 2007 it was the holder of a Class C General Unsecured Claim to which this Ballot pertains (or an authorized signatory therefor), (b) it has full power and authority to vote to accept or reject the Plan, (c) it has received a copy of the Disclosure Statement (including the appendices and exhibits thereto), (d) it understands that the solicitation of votes for the Plan is subject to all the terms and conditions set forth in the Disclosure Statement, and (e) either (i) it has not submitted any other Ballots for Class C General Unsecured Claims or (ii) it has provided the information specified in the following table for all other Class C General Unsecured Claims for which it has submitted additional Ballots (please use additional sheets of paper if necessary):

**Complete This Table Only If You Have Voted Class C General
Unsecured Claim Ballots Other Than This Ballot**

Name Of Holder	Account Number (If Applicable)	Amount Of Claim
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

SPCP Group LLC as agent for Silver Point Capital Fund LP and
Name Of Voter: Silver Point Capital Offshore Fund LTD
(Print Or Type)

Social Security Or Federal Tax I.D. No.: 26-0001173
(Optional)

Signature: [Signature]

Name Of Signatory: Richard Petrilli
(If Other Than Voter) **Authorized Signatory**

Title: _____

Address: Attn Brian A Jarman
Two Greenwich Plz 1st Fl
Greenwich, CT 06830

Date Signed: 1 | 9 | 08

If your address or contact information has changed, please note the new information here:

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JAN 11 2008

CLASS C GENERAL UNSECURED CLAIMS

8C - Delphi Mechatronic Systems, Inc. KURTZMAN CARSON 2

01-11-08A11:48 RCVD



0544567071208160629000365

#3593

You may receive multiple mailings containing Ballots. You should vote each Ballot that you receive for all of the claims that you hold.

Item 1. Vote On Plan. (Please check one.) The undersigned, the holder of a Class C General Unsecured Claim against the Debtors in the unpaid amount of \$ 180,000.00

☐ ACCEPTS (votes FOR) the Plan.

☒ REJECTS (votes AGAINST) the Plan.

Item 2. Certification. By signing this Ballot, the undersigned hereby certifies that: (a) on November 26, 2007 it was the holder of a Class C General Unsecured Claim to which this Ballot pertains (or an authorized signatory therefor), (b) it has full power and authority to vote to accept or reject the Plan, (c) it has received a copy of the Disclosure Statement (including the appendices and exhibits thereto), (d) it understands that the solicitation of votes for the Plan is subject to all the terms and conditions set forth in the Disclosure Statement, and (e) either (i) it has not submitted any other Ballots for Class C General Unsecured Claims or (ii) it has provided the information specified in the following table for all other Class C General Unsecured Claims for which it has submitted additional Ballots (please use additional sheets of paper if necessary):

**Complete This Table Only If You Have Voted Class C General
Unsecured Claim Ballots Other Than This Ballot**

Name Of Holder	Account Number (If Applicable)	Amount Of Claim
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

SPCP GROUP, LLC AS ASSIGNEE OF
Name Of Voter: Multek Flexible Circuits Inc et al
(Print Or Type)

Social Security Or Federal Tax I.D. No.: 26-0001173
(Optional)

Signature: [Signature]

Name Of Signatory: Richard Petrilli
(If Other Than Voter)
Authorized Signatory

Title: _____

Address: Brian Jarman
SPCP Group, LLC
Two Greenwich Plz 1st Fl
Greenwich, CT 06830

Date Signed: 1/9/08

If your address or contact information has changed, please note the new information here:

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JAN 11 2008

KURTZMAN CARSON

CLASS C GENERAL UNSECURED CLAIMS

1C - Delphi-DAS Debtors

2

01-11-08A11:54 RCVD



0544640071208154720005717

#3083

You may receive multiple mailings containing Ballots. You should vote each Ballot that you receive for all of the claims that you hold.

Item 1. Vote On Plan. (Please check one.) The undersigned, the holder of a Class C General Unsecured Claim against the Debtors in the unpaid amount of \$65,537.49,

☐ ACCEPTS (votes FOR) the Plan.

☒ REJECTS (votes AGAINST) the Plan.

Item 2. Certification. By signing this Ballot, the undersigned hereby certifies that: (a) on November 26, 2007 it was the holder of a Class C General Unsecured Claim to which this Ballot pertains (or an authorized signatory therefor), (b) it has full power and authority to vote to accept or reject the Plan, (c) it has received a copy of the Disclosure Statement (including the appendices and exhibits thereto), (d) it understands that the solicitation of votes for the Plan is subject to all the terms and conditions set forth in the Disclosure Statement, and (e) either (i) it has not submitted any other Ballots for Class C General Unsecured Claims or (ii) it has provided the information specified in the following table for all other Class C General Unsecured Claims for which it has submitted additional Ballots (please use additional sheets of paper if necessary):

**Complete This Table Only If You Have Voted Class C General
Unsecured Claim Ballots Other Than This Ballot**

Name Of Holder	Account Number (If Applicable)	Amount Of Claim
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

SPCP Group LLC as agent for Silver Point Capital Fund LP and
Name Of Voter: Silver Point Capital Offshore Fund LTD
(Print Or Type)

Social Security Or Federal Tax I.D. No.: 26-0001173
(Optional)

Signature: 

Name Of Signatory: Richard Petrilli
(If Authorized Signatory)

Title: _____

Address: Attn Brian A Jarman
Two Greenwich Plz 1st Fl
Greenwich, CT 06830

Date Signed: 1/9/08

If your address or contact information has changed, please note the new information here:

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JAN 11 2008

KURTZMAN CARSON

01-11-08A11:51 RCVD

CLASS C GENERAL UNSECURED CLAIMS



0544640071208154857007328

IC - Delphi-DAS Debtors

#3382

You may receive multiple mailings containing Ballots. You should vote each Ballot that you receive for all of the claims that you hold.

Item 1. Vote On Plan. (Please check one.) The undersigned, the holder of a Class C General Unsecured Claim against the Debtors in the unpaid amount of \$24,141.71 _____,

☐ ACCEPTS (votes FOR) the Plan.

☒ REJECTS (votes AGAINST) the Plan.

Item 2. Certification. By signing this Ballot, the undersigned hereby certifies that: (a) on November 26, 2007 it was the holder of a Class C General Unsecured Claim to which this Ballot pertains (or an authorized signatory therefor), (b) it has full power and authority to vote to accept or reject the Plan, (c) it has received a copy of the Disclosure Statement (including the appendices and exhibits thereto), (d) it understands that the solicitation of votes for the Plan is subject to all the terms and conditions set forth in the Disclosure Statement, and (e) either (i) it has not submitted any other Ballots for Class C General Unsecured Claims or (ii) it has provided the information specified in the following table for all other Class C General Unsecured Claims for which it has submitted additional Ballots (please use additional sheets of paper if necessary):

**Complete This Table Only If You Have Voted Class C General
Unsecured Claim Ballots Other Than This Ballot**

Name Of Holder	Account Number (If Applicable)	Amount Of Claim
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

SPCP Group LLC as agent for Silver Point Capital Fund LP and
Name Of Voter: Silver Point Capital Offshore Fund LTD
(Print Or Type)

Social Security Or Federal Tax I.D. No.: 26-0001173
(Optional)

Signature: _____

Name Of Signatory: Richard Petrilli
(If Authorized Signatory)

Title: _____

Address: Attn Brian A Jarman
Two Greenwich Plz 1st Fl
Greenwich, CT 06830

Date Signed: 1/9/08

If your address or contact information has changed, please note the new information here:

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JAN 11 2008

KURTZMAN CARSON

CLASS C GENERAL UNSECURED CLAIMS

5C - Delco Electronics Overseas Corporation

2



0544610071208160230000059

01-11-08A11:46 RCVD

#3403

You may receive multiple mailings containing Ballots. You should vote each Ballot that you receive for all of the claims that you hold.

Item 1. Vote On Plan. (Please check one.) The undersigned, the holder of a Class C General Unsecured Claim against the Debtors in the unpaid amount of \$\$500,000.00,

☐ ACCEPTS (votes FOR) the Plan.

☒ REJECTS (votes AGAINST) the Plan.

Item 2. Certification. By signing this Ballot, the undersigned hereby certifies that: (a) on November 26, 2007 it was the holder of a Class C General Unsecured Claim to which this Ballot pertains (or an authorized signatory therefor), (b) it has full power and authority to vote to accept or reject the Plan, (c) it has received a copy of the Disclosure Statement (including the appendices and exhibits thereto), (d) it understands that the solicitation of votes for the Plan is subject to all the terms and conditions set forth in the Disclosure Statement, and (e) either (i) it has not submitted any other Ballots for Class C General Unsecured Claims or (ii) it has provided the information specified in the following table for all other Class C General Unsecured Claims for which it has submitted additional Ballots (please use additional sheets of paper if necessary):

**Complete This Table Only If You Have Voted Class C General
Unsecured Claim Ballots Other Than This Ballot**

Name Of Holder	Account Number (If Applicable)	Amount Of Claim
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

Name Of Voter: SPCP Group LLC

(Print Or Type)

Social Security Or Federal Tax I.D. No.: 26-0001173

(Optional)

Signature: _____

Name Of Signatory: _____

Richard Petrilli
(If Other Than Voter)
Authorized Signatory

Title: _____

Address: Attn Brian Jarman
2 Greenwich Plz 1st Fl
Greenwich, CT 06830

Date Signed: 1/9/08

If your address or contact information has changed, please note the new information here:

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JAN 11 2008

CLASS C GENERAL UNSECURED CLAIMS

1C - Delphi-DAS Debtors

KURTZMAN CARSON

2

01-11-08A11:46 RCVD



0544640071208154856007311